

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
OFFICE OF MENTAL RETARDATION

FAX COVER FOR ANY SUBMISSION EFFECTING A WAITING LIST CHANGE

To: **Office of Mental Retardation**
(804) 786-8626 (fax)
(804) 786-1746 (phone)

CSB	Date
CSB Contact:	Phone
Email address:	Fax
Individual's Name:	

WAITING LIST SUBMISSION

☐ 1. Request to add individual to waiting list (please indicate status)

Please verify that the following documentation is included in this request:

- ☐ Signed Recipient Choice form (*Documentation of Recipient Choice Between Institutional Care or Home and Community-Based Services* rev. 05/05)
☐ Enrollment Request Form (rev. 06/07; includes LOF results)

STATUS (REQUIRED):

☐ Urgent ☐ Non-Urgent

If urgent, the individual meets the urgent criteria in the categories checked below:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6a ☐ 6b

☐ 2. Request to change status of individual on waiting list

Indicate the new status above and reason for the change and effective date below:

☐ 3. Request to remove individual from waiting list. **Reason:**

- | | |
|---|--|
| <input type="checkbox"/> No longer eligible | <input type="checkbox"/> Did not complete the process |
| <input type="checkbox"/> Refused services | <input type="checkbox"/> Moved to Nursing Facility/ICF/MR/out of state <input type="checkbox"/> Deceased |

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